



# STATE OF CONNECTICUT

DEPARTMENT OF MENTAL RETARDATION  
INSURANCE DEPARTMENT  
HARTFORD, CT

April 12, 2004

To:

Re: Health Insurance Coverage for Early Intervention Services

The State of Connecticut Insurance Department and Department of Mental Retardation have determined that guidance is necessary for carriers to comply with sections 38a-490a and 38a-516a of the Connecticut General Statutes (C.G.S.) as amended by Public Act 03-3 of the June 30 Special Session for coverage of early intervention services provided as part of an individualized family service plan pursuant to section 17a-248e of the C.G.S. In Connecticut, these services are provided through a program referred to as the "Birth to Three" program administered by the Department of Mental Retardation.

## **Early Intervention Services**

Pursuant to sections 38a-490a and 38a-516a of the C.G.S., early intervention services must be covered in all health insurance policies of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the C.G.S., but may be subject to any cost-sharing provisions of the contract or subscriber agreement. For purposes of this coverage, early intervention services include the services listed below. Such services do not include assistive technology devices and services or transportation and related costs, unless otherwise provided for within the policy or subscriber agreement.

- Audiology
- Family training, counseling and home visits
- Health services (only those necessary to enable a child to benefit from the other early intervention services during the time the child is receiving other early intervention services)
- Initial evaluation
- Medical services only for diagnostic or evaluation purposes
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy

- Psychological services
- Service coordination
- Social work services
- Special instruction
- Speech-language pathology
- Vision services

Such services are provided by entities contracted by the Connecticut Department of Mental Retardation and must be covered if provided by any of the categories of qualified personnel listed below. Such qualified personnel do not include paraprofessionals or parent-to-parent support personnel. For purposes of this coverage, the entities will be considered participating providers for managed care plans, and benefits will be payable in accordance with the in network level of coverage

- Audiologists
- Board certified behavior analysts and associate behavior analysts
- Early intervention associates with a BA in education, human services or a related area with a minimum of one year's experience in working with infants and toddlers and credentialed by DMR as an infant toddler family specialist
- Family therapists
- Nurses
- Nutritionists
- Occupational therapists and certified occupational therapy assistants
- Orientation and mobility specialists
- Pediatricians and other physicians
- Physical therapists and registered physical therapy assistants
- Professional counselors
- Psychologists
- Social workers
- Speech and language pathologists
- Special educators, early childhood educators, teachers of the hearing or visually impaired

### Claims

Prior to a claim submission, the contracted entity will forward the Initial Evaluation Form used for the Birth to Three program to the carrier to provide notification that a child is being evaluated for acceptance into the Birth to Three program. Birth to three early intervention services, including the initial evaluation, are not subject to prior authorization by the carrier. If the child is accepted into the Birth to Three program as determined by the Department of Mental Retardation, the entity will forward the Individual Family Service Plan to the carrier. Claim submissions for the initial evaluation and any subsequent services for children accepted in the Birth to Three program will be stamped with the Birth to Three logo.

The entities that have contracted with DMR will bill third-party payors for early intervention services as defined above. In accordance with Public Act 03-3 of the June 30 Special session, each carrier must cover such early intervention services up to \$3200 each year with a maximum of \$9600 over a three year period.

The agencies have agreed to submit claims using the four HCPC codes described in the attachment along with the related ICD-9 codes and modifiers to identify the type of provider. The provider type modifiers are as follows:

- AH = clinical psychologist
- AJ = clinical social worker
- GN = services delivered under an outpatient speech language pathologist plan of care
- GO = services delivered under an outpatient occupational therapy plan of care
- GP = services delivered under an outpatient physical therapy plan of care
- HN = Bachelors degree level
- HO = Masters degree level
- TD = registered nurse

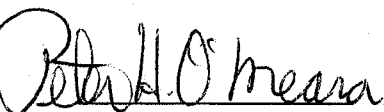
The fee schedule payable to the entities for early intervention services is set by the Department of Mental Retardation and is updated periodically. The current fee schedule for each of the HCPC codes is listed below. If a carrier has a contractual arrangement with a specific entity, the fee payable will be the lesser of the contractual rate in the carrier's provider contract or the fee schedule as set by the Department of Mental Retardation.

<u>HCPC code</u>	<u>rate per 15 minute unit</u>	<u>rate per hour</u>
H2015	\$18.23	\$72.92
T1015	\$15.28	\$61.12
T1027	6.84	\$27.36
T1024	\$12.23	\$48.92

Effective Date

All carriers are expected to accept the codes and follow the procedures outlined in this letter for claims incurred beginning January 1, 2004. Questions may be directed to Linda Goodman of the Department of Mental Retardation at 860-418-6147 or Moira Herbert of the Insurance Department at 860-297-3871. Thank you for your cooperation regarding this important issue for Connecticut consumers.

Sincerely,



Peter O'Meara  
Commissioner  
Department of Mental Retardation



Susan F. Cogswell  
Commissioner  
Insurance Department

Birth to Three Service Codes with potential modifiers DRAFT 2/6/04

<b>HCPC Code</b>	<b>Description: includes official HCPC descriptor in quotes and then functional definition</b>	<b>Modifiers</b>
H2015	<p><b>“Comprehensive Community Support Services”</b></p> <p><b>Child Visit</b> A face-to-face meeting at the child and family’s home or community-based sites such as child care or play groups with the child, the child’s caregiver, or both and professional staff members for the purpose of furthering the child’s developmental progress.</p>	AH, AJ, GN, GO, GP, HN, HO, TD
T1015	<p><b>“Clinic Visit/Encounter, All inclusive”</b></p> <p><b>Center-based Individual Visit</b> A face-to-face meeting of the child, the child’s primary caregiver, or both, with qualified professionals at a Birth to Three program’s site, for the purpose of furthering the child’s developmental progress.</p>	AH, AJ, GN, GO, GP, HN, HO, TD
T1027	<p><b>“Family Training and Counseling for Child Development”</b></p> <p><b>Parent-focused Group Session</b> A face-to-face meeting of a group of children’s parents and person filling the role of the parents with qualified professional(s) for the purpose of support and guidance.</p>	AH, AJ, GN, GO, GP, HN, HO, TD
T 1024	<p><b>“Evaluation and treatment by an Integrated, Specialty Team contract to provide coordinated care to multiple or severely handicapped children”</b></p> <p><b>Initial Evaluation/Assessment</b> A formal, multidisciplinary evaluation of a child’s developmental status and family situation, including but not limited to, measuring fine and gross motor skills, cognitive ability, communication skills, affect and temperament, self-care and feeding skills, socialization, family interaction, and social and economic support system available to the family.</p> <p>Each child referred receives an initial evaluation. If the child is found eligible, it becomes an evaluation/assessment. A child found not-eligible may be re-evaluated after three months.</p>	AH, AJ, GN, GO, GP, HN, HO, TD